Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 10 Per ticket policy 5.3 (i) God's Pantry 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 5/23/2022 Administrative Director Barbara Garcia Title (month, day, year) Signature of Agency Load or Designee Print Name

Comment:

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact (Name, Title)** Barbara Garcia, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No Event Description: Pomona Fairplex 05 30 2022 Date(s) . Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Just Us 4 Youth 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Administrative Director 5/23/2022 Barbara Garcia Title (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact (Name, Title)** Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 30 2022 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per ticket policy 5.3 (i) 10 Sunshine Park 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance the ra guirements Administrative Director 5/23/2022 Barbara Garcia Title (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \_\_\_ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 10 Per ticket policy 5.3 (i) Rowland Heights Women's Club verification

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Comment:

I have read and understand FPPC Regulations 18944.1 and 1894:	<ol><li>I have verified that the distribution set forth above, is in accordance</li></ol>
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Signature	of Agency I	lead or Designee

Barbara Garcia

Administrative Director

5/23/2022

Title

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex Date(s) \_\_05 30 2022 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per ticket policy 5.3 (i) Vietnamese Community of Pomona Valley 10 4. Verification

I have read and understand FPPC Regulations 18944	.1 and 18942.	I have verified that the	distribution set forth above	e, is in accordance
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Barbara Garcia

Administrative Director

5/23/2022

Comment: \_

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🔲 No 🔳 Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Proyecto Del Barrio 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance wi**th** the requirements

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Administrative Director

Title

5/23/2022

(month, day, year)

nature of Agency Head or Designee

Comment:

Print Name

Barbara Garcia

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 30 2022 Date(s) Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes No Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income \_\_\_ Ceremonial Role Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Sowing Seeds for Life 4. Verification

I have read and understa	and FPPC Regulations	18944.1 and 18942	2. I have verified that the	e distribution set fort	th above, is in accordance
with the requirements					

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Comment:

Barbara Garcia

Administrative Director

5/23/2022

Print Name

Title

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 30 2022 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No No Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy C. (include address and description) 10 Per ticket policy 5.3 (i) Project Hope 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance th the requirements Administrative Director 5/23/2022 Barbara Garcia Title (month, day, year) Signature of Agency Head or Designee Print Name

Comment:

Agency Report of:

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 30 2022 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☐ No ■ Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy C. (include address and description) 10 Per ticket policy 5.3 (i) Victory Outreach West Covina 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Barbara Garcia

Print Name

Administrative Director

5/23/2022

(month, day, year)

Comment:

the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Event Description: Pomona Fairplex 05 30 2022 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Diamond Bar Evergreen Senior Club 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulirements. Barbara Garcia Administrative Director 5/23/2022 Title (month, day, year) Signature of Agency Head or Designee Print Name

> FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact (Name, Title)** Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Event Description: Pomona Fairplex 30 2022 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ Passes (include address and description) 10 Per ticket policy 5.3 (i) Diamond Bar/Walnut AAUW 4. Verification

Comment:

I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified that the	distribution set forth	above, is	in accordance
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Signati	ure of A	gency	ead	d or Designee

Barbara Garcia

Administrative Director

5/23/2022

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District **Designated Agency Contact** (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 05 30 2022 Date(s). Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes No Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Rowland Heights Chinese Association 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Administrative Director 5/23/2022 Barbara Garcia (month, day, year) Print Name ignature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 20.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Event Description: Pomona Fairplex Date(s) \_\_05 30 2022 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🔲 No 🔳 Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 10 Per ticket policy 5.3 (i) Covina YWCA

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4. Verificatio	
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Comment:

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the dis	tribution set forth above,	is in accordance

with the requirement	· M
Signature of Agency I	Head or Designee

Barbara Garcia

Administrative Director

5/23/2022

Print Name